

BRIEF TITLE	APPROVED DEADLINE	REASON
_____	_____	_____
_____	_____	_____
_____	_____	_____

DETAILS	POSITIONS/RECOMMENDATIONS	
	Sponsor	
	Program Departments, or Groups Affected	
	Applicants/ Proponents	Applicant City Department Other
	Discussion (Including Relationship to other Council Actions)	Opponents
	Staff Recommendations	<input type="checkbox"/> For <input type="checkbox"/> Against Reason Against
	Board or Commission Recommendation	BY <input type="checkbox"/> For <input type="checkbox"/> Against <input type="checkbox"/> No Action Taken <input type="checkbox"/> For with revisions or conditions (See Details column for conditions)
	CITY COUNCIL ACTIONS (For Council Use Only)	<input type="checkbox"/> Pass <input type="checkbox"/> Pass (As Amended) <input type="checkbox"/> Council Sub. <input type="checkbox"/> Without Recommendation <input type="checkbox"/> Hold <input type="checkbox"/> Do not Pass

DETAILS

POLICY/PROGRAM IMPACT

	POLICY OR PROGRAM CHANGE	<input type="checkbox"/> NO <input type="checkbox"/> YES	
	OPERATIONAL IMPACT ASSESSMENT		
FINANCES			
COST AND REVENUE PROJECTIONS	COST of total project:	\$	
	COST of this Ordinance/ Resolution	\$	
	RELATED annual operating Costs	\$	
	INCREASE REVENUE EXPECTED/YEAR	\$	
SOURCE OF FUNDS	CITY [Approximately]		
		\$ _____	____%
		\$ _____	____%
		\$ _____	____%
		\$ _____	____%
		\$ _____	____%
	NON CITY [Approximately]		
		\$ _____	____%
		\$ _____	____%
		\$ _____	____%
	\$ _____	____%	
	\$ _____	____%	
BENEFIT COST			
<input type="checkbox"/> Front Foot		Average Assessment	
<input type="checkbox"/> Square Foot	\$ _____	\$ _____	

APPLICABLE DATES:

FACT SHEET PREPARED BY:

REVIEW BY:

REFERENCE NUMBER